

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013411

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1077

FILED APR 16 1962

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JEFFERSON BARRACKS, MO.Length of stay in 1b  
5 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITALInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILL.

b. COUNTY CLINTON

c. CITY  
OR TOWN CARLYLEInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
BOX #7Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

RAYMOND E. BUCK

4. DATE  
OF  
DEATH

Month

Day

Year

4-1-62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-29-93

## 9. AGE (last birthday)

68 YEARS

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ELECTRICIAN

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

IRISH COUNTY, ILL.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JOHN BUCK

## 13b. MOTHER'S MAIDEN NAME

AMNIE HARTMAN

## 14. NAME OF HUSBAND OR WIFE

NONE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW-I

## 16. SOCIAL SECURITY NO.

EDNA BOATRIGHT (Sister)  
Keyesport, Ill.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION

INTERVAL BETWEEN  
ONSET AND DEATH  
7 DAYSConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

ARTERIOSCLEROSIS, GENERALIZED

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☒

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. attended the deceased from  
Death occurred at 8:45

3-27-62

to 4-1-62

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
(Degree or title)

Earl M. SCHELLHOUSE, M.D.

## 22b. ADDRESS

Vet. Adm. Hospital, JEFF. BKRS., MO.

## 22c. DATE SIGNED

4-1-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

4-5-62

## 23c. NAME OF CEMETERY OR CREMATORY

McKendree Cemetery

## 23d. LOCATION (City, town, or county)

Bond County, Ill.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Frerker Funeral Home, Carlyle, Ill.

## 25. DATE RECD. BY LOCAL REG.

4-3-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

14000

28120

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94201

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1248-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Kessly III

Licensed Embalmer No. 5039

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.